

**ADDENDUM No. 2**

**TO:** ALL BIDDERS  
**FROM:** CITY OF HIALEAH  
**ITB #:** 2015/16-2000-12-021  
**RE:** MEDICAL SUPPLIES  
**DATE:** September 12, 2016

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The original contract documents for the entitled: **MEDICAL SUPPLIES** needs to be amended as noted in this Addendum No. 2.

This Addendum No. 2 consists of 1 typed page, 0 attachment, and 1 addendum receipt form (ARF). All other items and conditions of the original Contract Documents shall remain unchanged. This Addendum shall become a part of the Contract Documents.

Approved for issue:  Date: September 12, 2016  
Angel Ayala – Purchasing Director

**ACKNOWLEDGMENT**

Receipt of this Addendum No. 2 shall be acknowledged in the space provided on the ADDENDUM RECEIPT form – ARF (Copy attached) now a part of the Contract Documents to be faxed immediately to the City of Hialeah Purchasing Division (305) 883-5871 and submitted with sealed bids.

**QUESTIONS AND ANSWERS:**

**Moore Medical LLC.**

- Q1. Is the City willing to accept exceptions to the terms and conditions (& negotiate the terms and conditions of any resulting contract)??
- A1. Yes, but exceptions will also be evaluated.
- Q2. Does a vendor need to respond to all items to be considered for an award?
- A2. No.
- Q3. What is your current annual spending on EMS Medical Supplies?
- A3. \$225,000 All
- Q4. Who is your current EMS Medical Supply Vendor?
- A4. Numerous, depending on lowest bidder per line of the last bid. (Bound Tree, MMS, QuadMed, etc.)
- Q5. Is there bid tabulation from a previous EMS Supplies solicitation?
- A5. Yes, need to be request from City Clerk as public record request.

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**END OF ADDENUM No. 2**

**CITY OF HIALEAH**

**MEDICAL SUPPLIES**

**ADDENDUM No. 2**

CONTRACTOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

THE BIDDER ACKNOWLEDGES RECEIPT OF THE FOLLOWING ADDENDUM BY SIGNING AND DATING BELOW:  
(Copy of this form must be faxed immediately to the City of Hialeah at (305) 883-5871).

<u>ADDENDUM</u>	<u>SIGNATURE</u>	<u>DATE</u>
<u>2</u>	_____	_____
_____	_____	_____
_____	_____	_____
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